U.S. Department of Labor Office of Labor⁄-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4/52		2. Fiscal Year Covered From:		
7.03		1 / 1 / 2004 Through:	12 / 31 / 2004	
3. Name and address of person filing.		4. Name, file number, and address of labor organization.		
Name _{John}	R Haggard	Name Brotherhood of Locomotiv	e Engineers Trainmen	
		Labor Organization File Number 009-050)	
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any		
Street 2730 No. 2nd St		Street 2730 No. 2nd St		
City Clinton		City Clinton		
State Iowa	ZIP Code + 4 52732	State Iowa	ZIP Code + 4 52732	
5. Position in labor organization. Secretary Treasurer				

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street ***		7.b. Amount.			
City		\$0			
State	ZIP Code + 4				

Signature

15. Signature and verification	. The undersigned declares, under penalt	v of Periury and other applicable ne	nalties of the law, that all of the information
Submitted in this report (includit	ig the information contained in any accom-	anving documents), has been even	almod by the elemetric results to the Color of
undersigned's knowledge and l	pelief, true, correct, and complete. (See)th	section on penalties in the instruct	tions)
Signed John	R Haggard	on 07-21-05	563-242 4235
		Date	Telephone Number

Name of Person Filing John Haggard		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name NA					
Trade Name, if any:	a. Labor Organizati	on			
P.O. Box, Bldg., Room No., if any	c. Employer				
Street					
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value	e of such dealing.			
City	12.a. Nature of interest held	or income received.			
State ZIP Code + 4					
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13 h. le the Business an Employer	14.b. Amount of payment.				